

2010 Countryside Montessori Day Camp Registration Form (One form per child)

Camper's Name _____ Person(s) authorized to pick up your child or to call in the case of an emergency:
 Home Address _____ (1) Name _____
 City/State/Zip _____ Phone (wk) _____ Phone (home) _____
 Home Phone _____ (2) Name _____
 Father's Name _____ Phone (wk) _____ Phone (home) _____
 Father's Cell # _____ Wk. # _____ (3) Name _____
 Father's Email _____ Phone (wk) _____ Phone (home) _____
 Mother's Name _____ Wk. # _____ (4) Name _____
 Mother's Cell # _____ Phone (wk) _____ Phone (home) _____
 Mother's Email _____ **PHYSICIAN'S NAME** _____ **PH #** _____

IMPORTANT! Immunization history must be received prior to the first day of camp.

| Health History (give dates): | Diseases (give dates): | Allergies (check): |
|-------------------------------------|-------------------------------|---|
| _____ Frequent Ear Infections | _____ Chicken Pox | <input type="checkbox"/> Hay Fever |
| _____ Heart Defect/Disease | _____ Measles | <input type="checkbox"/> Ivy Poisonings |
| _____ Convulsions/Epilepsy | _____ German Measles | <input type="checkbox"/> Insect Stings |
| _____ Diabetes | _____ Mumps | <input type="checkbox"/> Penicillin |
| _____ Bleeding/Clotting Disorders | | <input type="checkbox"/> Other Drugs |
| _____ Hypertension | | <input type="checkbox"/> Asthma |
| _____ Mononucleosis | | <input type="checkbox"/> Other: _____ |

Operations or serious injuries _____ Chronic or recurring illness/medical condition _____
 Dietary restrictions _____ Current medications (send w/ instructions) _____
 Other diseases _____
 Current treatment _____
 Any treatment to be continued at camp _____
 Any allergies (food, drugs, plants, insects, etc.) _____
 Activities to be encouraged or limited _____
 Do you carry family medical/hospital insurance? Yes No If so, indicate carrier _____ Policy/Group # _____
 Carrier Address _____ Phone _____
 Suggestions on health related information for camp personnel _____
 Additional health information _____
 Signature of Parent/Guardian _____ Date _____

Immunization history must be delivered to the Day Camp Director prior to your child's first day of camp.

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Camper's Name _____ Grade your child will be in during the 2010-2011 school year _____

A \$35 non-refundable registration fee and \$50 per week non-refundable deposit will be due upon application. The first week that your child registers for and all sports camps must be paid in full at time of registration.

I would like to enroll my child for the week(s) checked below:

- | | | | |
|----------|---|--------------------------|--------|
| | June 14 – June 18 | <input type="checkbox"/> | Week 1 |
| | June 21 – June 25 <small>(Little Spirit Campout)</small> | <input type="checkbox"/> | Week 2 |
| C | June 28 – July 2 | <input type="checkbox"/> | Week 3 |
| A | July 6 – July 9 <small>(closed Monday)</small> | <input type="checkbox"/> | Week 4 |
| M | July 12 – July 16 <small>(Free Spirit Campout)</small> | <input type="checkbox"/> | Week 5 |
| P | July 19 – July 23 | <input type="checkbox"/> | Week 6 |
| S | July 26 – July 30 <small>(**L.I.T. Beach Trip)</small> | <input type="checkbox"/> | Week 7 |
| | Aug 2 – Aug 6 <small>(Entertainment Night)</small> | <input type="checkbox"/> | Week 8 |
| | Aug 9 – Aug 13 | <input type="checkbox"/> | Week 9 |

I would like to enroll by child in the Special Camp(s) checked below:

- | | | | | |
|--|--------------------------|--|--------|---------------------|
| | <input type="checkbox"/> | Rising 1 st Grade Program | M-Fri | 8:30 am-11:30 am |
| | <input type="checkbox"/> | Rising 1 st Grade Program | M-Fri | 8:30 am-11:30 am |
| | <input type="checkbox"/> | Basketball (Rising 1 st & Up) | M-Th | 4-6 pm & Fri 2-4 pm |
| | <input type="checkbox"/> | Girls Volleyball (Rising 6 th & Up) | Tu-Fri | 9:00 am-11:30 am |
| | <input type="checkbox"/> | Soccer (Rising 1 st & Up) | M-Th | 4-6 pm & Fri 2-4 pm |

Camper will receive a free t-shirt if registered for camp on Camp Registration night. Monday, March 1, 2010 from 5:00 pm to 7:00 pm

T-Shirt Size (circle one): **YS** **YM** **YL** **AS** **AM** **AL**

Computation of Payment Due:

| | | |
|---|---|-----------------|
| Non-refundable registration fee | \$ 35 per child | \$ 35.00 |
| Non-refundable deposit | \$ 50 per week per child x no. of weeks checked above | \$ |
| Rising 1st Grade Program + Camp | \$195 per week + plus \$30 activity fee – less \$50 deposit | \$ |
| First week paid in full – Campers | \$165 per week + plus \$30 activity fee - less \$50 deposit | \$ |
| First week paid in full – L.I.T. only | \$140 per week + plus \$30 activity fee - less \$50 deposit | \$ |
| Sports Camps paid in full | \$ 60 child in day camp or \$90 child not in day camp | \$ |
| Amount Due upon registration | | \$ |

I understand that my L.I.T. (Leader in Training) will not be able to attend the leadership outing during Week 7 unless he/she has (prior to week 7) attended at least **two full weeks of L.I.T. day camp.

The activity fee of \$30 per week includes lunch and any extracurricular activities (i.e. bowling, roller skating, swimming, movie, etc.) planned for Tuesday, Wednesday, and Thursday of each week. The activity fee is non-refundable.

I also understand that there may be additional fees for special activities during any given week of day camp.

I understand that the registration fee, deposit, and activity fee are non-refundable. Weekly camp fees and Sports camp fees may be refunded only in the case of an emergency.

I also understand that Countryside Montessori assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical conditions or resulting from his/her participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and all illnesses that may result from his/her participation in these activities. In consideration of the privilege of participating at camp, I hereby voluntarily release and discharge Countryside Montessori, its agents, contract services, servants and employees from any and all claim of injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities.

I agree to have my child examined within a reasonable time period prior to opening of camp by the family physician stating he/she is free from communicable diseases and has not been exposed to such.

I hereby give permission to the medical personnel selected by the Camp Director to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide and arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for my child.

I understand that no accident or medical insurance is provided with this activity.

I give permission to Countryside Montessori without limitation or obligation, to use photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting Countryside Montessori programs and release the camp from any claim or liability to that use.

I give my consent for my child to leave the Countryside Montessori site, participate in authorized Countryside Montessori field trips and to ride in authorized vehicles for the purpose of transportation in connection with the Countryside Montessori Summer Day Camp program.

Signed _____ Date _____/_____/_____

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